## Property Exposure Update/Reporting Form Non-State Owned Movable Property Values Office Of Risk Management – State Agency Movable Property System (Stamps)

NOTE:		USE THIS FORM TO ADD MOVABLE PROPERTY (CONTENT) VALUES FOR BUILDINGS NOT ALREADY INDICATED ON THE COMPUTER PRINTOUT OR TO ADD ADDITIONAL EXPOSURE CATEGORIES TO BUILDINGS ALREADY INDICATED ON THE COMPUTER PRINTOUT. DO NOT USE TO INSURE ACTUAL BUILDING STRUCTURE.														
		EXPOSURE	CATEGORI	ES TO BUILDINGS ALRE	ADY INDIC	CATED	ON TH	E COMPUTEI	NTOUT. DO N	OT USE	TO INSU	RE ACTUAL BU	ILDING STRUC	TURE.		
STATE AGENCY NAME:									ORM LOCATION CODE:				DATE	SUBMITTED:		
SUBMITTED BY:							TITLE		PHONE NUMBER:							
BUILDING INFORMATION								SQUARE FOOTAGE INFORMATION			NON-STATE OWNED MOVABLE PROPERTY VALUES (PLEASE ROUND FIGURES TO WHOLE NUMBERS)					
THE FOLLOWING INFORMATION MUST BE PROVIDED FOR EACH BUILD						G		GROUND FLOOR SQUARE FOOTAGE		TOTAL SQUARE FOOTAGE		BILE TURES	FINE ARTS	LIVESTOCK	COMPUTER EQUIPMENT	BOATS (26 FEET OR LESS)
1.	BUILDING IDEN	NTIFICATION NUMBER:														
2.	PARISH CODE:	CODE:		3. FLOOD ZONE:												
4.	OWNER OF THE BUILDING: (IF STATE OWNED, INDICATE WHICH STATE AGENCY)															
5.	BUILDING NAME (IF APPLICABLE)															
6.	PHYSICAL STREET ADDRESS (NOT P. O. BOX) CITY AND STATE							÷								
						YES	NO									
7. ARE EMPLOYEES HOUSED AT THIS LOCATION?																
7A. IF "YES", ARE EMPLOYEES CONTRACT EMPLOYEES?																
8.	8. IF ANSWER TO ITEM "7" & "7A" IS NO, IS THIS WAREHOUSE SPACE?															
8A. IF ANSWER TO ITEM "8" IS YES, IS THIS MINI -WAREHOUSE SPACE?					ACE?											
DETURN COMPLETED FORM TO: LINDERWRITING LINIT OFFICE OF RISK N						ANAGE	MENT	DOST OFFIC	E BOY	Y 94095 CARIT	TOL STA	TION PA	TON POLICE I	OLUSIANA 7000	14 0005	

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